

1936.

ISLE OF ELY COUNTY COUNCIL.

Annual Report
on the
PUBLIC HEALTH
of the
Administrative County of the
Isle of Ely,
For the Year 1936,

**With Summary of Reports of District
Medical Officers of Health,**

by

THOS. C. LONIE, M.B., Ch.B., D.P.H.

LITTLEPORT, ISLE OF ELY:
G. T. WATSON (LATE BARBER), PRINTER, VICTORIA STREET.
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ISLE OF ELY COUNTY COUNCIL.

Public Health Committee.

CLARKE, T. W. H.	PAYNE, H.
COVILL, S. E.	PEAKE, T.
CUTLACK, W.	PEATLING, H. F. M.
HERBERT, F. F. (Rev.)	RIDGE, R. (Rev.)
LAXON, M.	ROSEBERRY, F. G.
LEEDING, A. C.	SAVORY, H. G.
LUDDINGTON, L. H.	SHARMAN, A. F.
MALLET, H. R.	VAIL, H.
MARTIN, H. G.	WALLIS, W.
MERRYWEST, J. W.	WALTON, S. S. (Rev.)
NEWELL, G. W.	WEBB, W. F. R.
NEWMAN, A. E. T. (Rev.)	WEST, SIR W. W.

Number 22. Quorum 5.

For its Sanatorium Benefit Sub-Committee, Messrs. J. W. BRIDGESTOCK and F. G. ROSEBERRY, Members of the Isle of Ely Insurance Committee, are Co-opted Members.

Maternity and Child Welfare Committee.

All the Public Health Committee and the following Co-opted Members :—

Mrs. S. A. COLLINGWOOD, March.
Mrs. COLLINS CLAYTON, Wisbech.
Mrs. S. S. WALTON, March.

Number 25. Quorum 5.

Mental Deficiency Committee.

All the Public Health Committee and the following Co-opted Members :—

Mrs. S. A. COLLINGWOOD, March.
Mrs. COLLINS CLAYTON, Wisbech.
Mrs. S. S. WALTON, March.

Number 25. Quorum 5.

Staff.

County Medical Officer of Health.

THOS. C. LONIE, M.B., Ch.B., D.P.H.

Assistant County Medical Officer of Health.

W. D. T. BRUNYATE, M.A., D.M., D.P.H.

(Also Clinical Tuberculosis Officer).

Health Visitors and School Nurses.

(a)—*Council Officials (whole-time).*

E. LLOYD, Cert. Midwife, H.V. Cert.

M. MEACHAM, Cert. Midwife, H.V. Cert., R.S.I., M. & C.W. Cert., R.S.I.

H. L. MORRIS, Cert. Midwife, M. & C.W. Cert., R.S.I., H.V. Cert., R.S.I.

A. MORT, Cert. Midwife, H.V. Cert., R.S.I., A.R.S.I.

M. E. ROSE, Cert. Midwife, H.V. Cert., Bd. of Ed.

E. T. TAYLOR, Cert. Midwife.

E. B. WHITAKER, Cert. Midwife, H.V. Cert., R.S.I., A.R.S.I.

(b)—*Employed by District Nursing Associations (part-time).*

The Nurse or Nurses at:—

Chatteris	March
Doddington	Outwell
Gorefield	Prickwillow
Haddenham	Stretham
Little Downham	Sutton
Manea	

Clerical Staff.

H. A. HOUSE (Chief Clerk).

A. ANNESS, F. RITCHIE,

MISS M. DRING.

District Medical Officers under Poor Law Acts :—

J. DWYER, M.B., Ch.B.	..	(also Public Vaccinator).
C. H. GUNSON, M.B., Ch.B.	..	„ „ „
W. REYNOLDS, M.B., B.S.	..	„ „ „
A. PAIN, M.R.C.S., L.R.C.P.	..	„ „ „
A. BERNARD, M.A., M.B., Ch.B.	..	„ „ „
S. GOVERNOR, M.B., B.Ch.	..	„ „ „
A. C. S. WATERS, M.R.C.S., L.R.C.P.		
S. J. WATSON, M.B., B.Ch.	..	(also Public Vaccinator).
C. W. HOWE, M.B., Ch.B., D.P.H.	..	„ „ „
G. B. DAVIS, M.A., M.D.	..	„ „ „
J. B. BAMFORD, M.R.C.S., L.R.C.P.	..	„ „ „
W. M. WILSON, M.B., Ch.B.	..	„ „ „
D. E. YOUNG, L.R.C.P., L.R.C.S.	..	„ „ „
C. THOMAS, M.R.C.S., L.R.C.P.	..	„ „ „

Public Vaccinators (other than above) :—

R. BUTTERWORTH, B.A., M.B., Ch.B.
 F. H. BECKETT, B.A., M.B., B.Ch.
 C. T. NORRIS, M.R.C.S., L.R.C.P.

Veterinary Surgeons :—

W. RUNCIMAN, M.R.C.V.S.
 H. H. TRUMAN, „
 J. H. POLES, „
 J. W. KNOWLES, „
 T. KNOWLES, „

Public Analyst :—

S. GREENBERG, F.I.C., F.C.S.

Vaccination Officers :—

A. E. CROWSON,
 J. E. MORGAN,
 A. SCHOFIELD,
 G. SHARPE,
 M. A. WALL.

LOCAL SANITARY AUTHORITIES.

Urban Districts and Boroughs.	Clerks.		District Medical Officers of Health.	
1. Ely	A. E. Woodrow, Esq.	..	F. H. M. A. Beckett, B.A., M.B., B.Ch.	
2. Chatteris ..	W. F. Moore, Esq. ..	..	R. E. Nix, B.A., M.B., B.Ch.	
3. March	C. Greenwood, Esq.	..	S. Governor, M.B., Ch.B.	
4. Whittlesey ..	J. B. Robertshaw, Esq.	..	W. D. T. Brunyate, M.A., D.M., D.P.H.	
5. Wisbech ..	F. W. Coulam, Esq.	..	H. L. Groom, M.R.C.S., L.R.C.P.	

Rural Districts.	Clerks.		District Medical Officers of Health.	
1. Ely	F. W. Green, Esq. ..	..	C. W. Howe, M.B., Ch.B., D.T.M., D.P.H.	
2. North Witchford	A. F. Sharman, Esq.	..	C. Thomas, M.R.C.S., L.R.C.P.	
3. Thorney	A. F. Whittome, Esq.	..	W. D. T. Brunyate, M.A., D.M., D.P.H.	
4. Wisbech ..	R. W. Faircloth, Esq.	..	C. H. Gunson, M.B., Ch.B.	

Port.

Port of Wisbech	F. W. Coulam, Esq.	..	R. E. Crockatt, M.B., Ch.B.
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*To the Chairman and Members of the
Isle of Ely County Council.*

GENTLEMEN,—

I beg to submit my third Annual Report as your Medical Officer of Health.

The year 1936 was not remarkable for any great changes in the Public Health Services. It was rather a year of preparation for changes which will, and in some cases have already, come into force in 1937. The making of arrangements for carrying out the provisions of the Midwives' Act, 1936, involved a considerable amount of work in the year under review. The new scheme comes into force in mid-1937, and it will be some years at any rate before the influence of the proposals can be fully appraised if, indeed, it will ever be possible to disentangle the results of this one measure from all the other influences directed to a safer motherhood.

I have again referred at some length to the question of hospital provision in the Isle, linked up as it is with the proposals of the Public Assistance Committee with regard to the institutions under their care. The work of the Public Health Department is inevitably linked with that of all other agencies dealing with sickness and physical and mental defect in the community, and the problem of the care of those who are, for any reason, unable to care for themselves is one which can only be properly viewed as a whole. It is for this reason that I have dealt with the matter in detail.

The day is passing, and has perhaps already gone, when the results of our public health work can be judged by the fall in the death-rate, the fall in the infantile mortality-rate, and the diminution in the number of epidemics for which gross defects in water and sewerage schemes, and the contamination of food supplies can be held responsible. The causes which produced these troubles in the past have, to a large extent, been dealt with. The maintenance and extension of the measures which prevent their recurrence is now accepted as a matter of ordinary prudence in all enlightened communities. The

early emphasis was rightly upon environmental sanitation, but the Public Health Service is now directing its energies more especially towards the health and well-being of the individual. There is a vast deal of unnecessary and preventable suffering and ill-health which does not notably swell the death-rate. Not only does this, however, often lead to much hardship and distress in individual and family life, it also involves the community directly and indirectly in considerable financial loss. It is in the direction of measures which will help to lift this load that we must particularly look for further advance in the future. It is manifestly better to prevent crippling by spending a comparatively small sum on early treatment, than to have to support a crippled individual throughout a life which is not only a burden to the sufferer but also to all who are called upon to look after him. This is one argument, though by no means the most noble, for the spending of money on such schemes as diphtheria immunisation and for measures designed to produce a safe milk supply (especially the eradication of tuberculosis in cattle). It has, however, other and wide applications in the field of industrial medicine which are apparent to all. They will receive increasing emphasis with the years.

In conclusion I would wish to express my grateful thanks to the Staff who do so much to make the work of the Department run smoothly. In large measure this Report is but a record of the service which they render so well.

To the other members of the County Staff, to the Medical Officers of Health of the Districts, to the Medical Practitioners of the area, I owe much for their help and co-operation.

Not least to the members of the Public Health and allied committees do I owe a debt of gratitude for their help and support during the year.

I have the honour to be, Gentlemen,

Your obedient Servant,

Thos. C. Lonie.

Administrative County of the Isle of Ely.

The Annual Reports for the year 1936, from the Medical Officers of Health for the Districts within the Administrative County, as submitted to the Isle of Ely County Council, in pursuance of Section 24, of the Local Government Act, 1888, were received as follows :—

	Area.		Medical Officer.	Date Received.	Style.
Urban Districts	Chatteris ..	..	Dr. Nix	.. July 14th, 1937	Typewritten
	Ely ..	..	Dr. Beckett	.. July 5th, 1937	Typewritten
	March ..	..	Dr. Governor	.. August 11th, 1937	Typewritten
	Whittlesey	..	Dr. Brunyate	.. August 10th, 1937	Typewritten
	Wisbech ..	..	Dr. H. L. Groom	July 5th, 1937	.. Printed
Rural Districts	Ely ..	..	Dr. Howe	.. July 24th, 1937	Typewritten
	North Witchford	..	Dr. Thomas	.. July 15th, 1937	.. Printed
	Thorney ..	..	Dr. Brunyate	.. June 16th, 1937	Typewritten
	Wisbech ..	..	Dr. Gunson	.. July 14th, 1937	.. Printed
	Wisbech Port	..	Dr. Crockatt	..	Report not to hand
	San. Authority				

FINANCIAL STATEMENT.

The financial details usually set out in the Report are omitted this year. Owing to a change in the County Accounts to an income and expenditure basis during the financial year, the available figures would not give a true picture, and would not be comparable with those of either previous or succeeding years.

STATISTICS, 1936.

Area of Administrative County (land & water)...	acres	239,794
Rateable Value	£	276,677
Produce of 1d. rate	£	1,136
Population (Census 1931)		77,705
Population (estim. to middle of year 1936)		81,700
No. of live Births in the year	males 692 Legitimate 662 Illegitimate 30 Legitimate 599 Illegitimate 36	1327
Birth-rate per 1,000		16.24
No. of Still-births in the year	males 30 Legitimate 29 Illegitimate 1 females 22 Legitimate 21 Illegitimate 1	52
Still-birth rate per 1,000 total births		37.71
Total No. of Deaths in the year ...	males 532 females 467	999
Death-rate per 1,000	uncorrected 12.23 corrected ... 10.88	
No. of women dying in, or in consequence of, childbirth	from sepsis 2 other causes 3 Total 5	Rate per 1,000 total Births 1.45 2.17 3.62
Number dying under 1 year old	males 48 Legitimate 46 Illegitimate 2 females 32 Legitimate 32 Illegitimate 0	80
Infantile Mortality-rate (per 1,000 Births)	in legitimates 61.86 in illegitimates 30.3	60.29
In males ... 69.34	in legitimate males... 69.49 in illegitimate males 66.6	
In females... 50.39	in legitimate females 53.43 in illegitimate females Nil.	
Deaths from Measles (all ages)		1
„ „ Whooping Cough (all ages)		10
„ „ Diarrhoea (under 2 years of age)		2
England and Wales—		
Birth-rate		14.8
Death-rate		12.1
Infantile Mortality-rate		59.0
Maternal Mortality-rate per 1,000 total births ...		3.65

VITAL STATISTICS.

POPULATION.

The Registrar General has supplied the figure of 81,700 as the estimated mid-year population for 1936.

This estimate is shewn below with that for the two previous years. Owing to readjustment of boundaries in 1934 it is not possible to carry the figures further back.

1934	82,582
1935	82,500
1936	81,700

The fall in 1936 as compared with 1935 is large and difficult of explanation. It affects all districts, and when one realises that births were in excess of deaths by 328 in 1936, by 412 in 1935 and by 321 in 1934, one can only assume that the estimate is made on the assumption that during the year over 1,100 persons more left the County than came to reside within it. It is, of course, most fallacious in matters of this sort to trust to general impressions, but I cannot think that this figure can be even approximately correct since the equivalent figure for the previous year is about 500. I have not been aware of any marked emigration from the County during the past year. It must, however, be an extremely difficult matter to estimate a population at the present time, since birth and death rates have shewn little indication of a definite trend for the last few years. We must await the next census in order to ascertain, not only what the actual population is, but also to throw light on the trends shewn in the intercensal period.

As is shewn below the birth rate is this year lower than that for 1935, but above that for 1934. It is in fact almost exactly the same as the 1933 rate, but the variations are very slight, and the only conclusion that may be drawn from the figures, and that only very tentatively, is that the more or less steady fall in the rate which took place for a number of years up to 1932 has now been arrested. The rate continues to be above that for the country as a whole.

The death-rate shews a rise as compared with that for 1935. It is not, however, so high as the rate for 1933, and the variations are not large. The crude death-rate is subject to the error that it is affected by the composition of the particular population upon which this calculated. Thus, if the majority of the population consists of

old people, the crude death-rate is bound to be higher than if the population had been younger, since however healthy a place, old people die at a faster rate than young people. In order, therefore, that rates may be compared as between place and place, a method has been devised of correcting the death-rate to what it would have been in a population of a certain composition as regards age and sex. The resultant figure is the Corrected Death Rate and enables a comparison to be made as between the death rates in two different areas. It is to be remembered, however, that any rate based on small numbers is liable to considerable variation from year to year.

BIRTHS.

The births in the Urban Districts numbered 830 (435 males and 395 females), this being a birth-rate of 16·8 per thousand of population.

In the Rural Districts the births numbered 497 (257 males and 240 females), the Rural birth-rate being 15·39 per thousand.

The total births for the County numbered 1,327 (692 males and 635 females), a birth-rate of 16·24 per thousand. This compares with a birth-rate for England and Wales of 14·8 per thousand.

The illegitimate births in the Urban Districts numbered 46, a rate of 55·42 per 1,000 births. Of this 46, 22 were males and 24 females, giving rates of 50·57 and 60·75 respectively.

For the Rural Districts there were 20 illegitimate births, a rate of 40·24. Of these, 8 were males and 12 females, giving rates of 31·13 and 50·00 respectively.

Taking the County as a whole the illegitimate births numbered 66, or a rate of 49·74. There were 30 male and 36 female illegitimate births and this gives rates of 43·35 and 56·69 respectively.

The birth-rate shows a decrease as compared with last year, and this applies to Urban and Rural Areas. The rate for the Isle is still above that for the whole country, the respective rates being 16·8 and 14·8.

DEATHS.

The deaths in 1936 numbered 999 compared with 942 in 1935. Of these 999 deaths (532 males and 467 females), 599 occurred in the Urban areas and 400 in the Rural, giving an uncorrected death-rate per thousand of 12·13 and 12·38 respectively.

When corrected, however, by the factors for comparability, the Urban death-rate becomes 10·55 per thousand, and the Rural 11·27,

whilst the rate for the whole County is 12·23 uncorrected, or 10·88 per thousand when corrected, these figures comparing with a rate of 11·7 for England and Wales.

The figures for the several areas are shown in the following table:—

Area.		Factor for Correction.		Apparent death-rate.		Corrected death-rate.
Chatteris	...	0·85	...	11·78	...	10·01
Ely Urban	...	0·84	...	13·9	...	11·68
March...	...	0·93	...	10·98	...	10·21
Whittlesey	...	0·89	...	10·44	...	9·29
Wisbech Borough	...	0·84	...	13·05	...	10·96
Ely Rural	...	0·83	...	14·05	...	11·66
North Witchford	...	0·90	...	14·47	...	13·02
Thorney	...	1·12	...	7·44	...	8·33
Wisbech Rural...	...	0·98	...	10·56	...	10·35
Aggregate Isle of Ely						
Urban Districts	...	0·87	...	12·13	...	10·55
Do. Rural Districts	...	0·91	...	12·38	...	11·27
Whole Isle of Ely	...	0·89	...	12·23	...	10·88
England and Wales	...	—	..	—	...	12·1

INFANTILE MORTALITY.

The death-rate in infants under one year per 1,000 births was 60·29 in 1936.

The rate in the country as a whole was 59, an increase of 2 per 1,000 as compared with the previous year.

As I indicated last year the infantile mortality-rate for that year was abnormally low. It is not a matter for surprise, therefore, that the rate this year shows a rise, and though that rise is a substantial one the figure is, having regard to the total numbers involved, quite within the bounds of what might be expected to arise through mere chance.

There are, however, no grounds for complacency since this year's rate is higher than any we have had for the last six or seven years. It is noteworthy, too, that the rate for the country generally is also higher this year than last. In this county there were 6 deaths from whooping cough in children under 1 year in 1936 as compared with 2 in the previous year. The group labelled congenital debility and malformation shewed 46 out of the 80 infantile deaths, this

percentage being much the same as that shewn last year. As I said in the last Report most of these deaths occur in the first month and are apparently little affected by measures directed to the reduction of infantile mortality generally.

The other principal cause of death under one year is pneumonia, which accounted for 15 of the total deaths as against 13 last year. Bad housing, over-crowding and other environmental factors undoubtedly affect this part of the rate.

The balance of the infantile deaths resulted from a variety of causes no one of which was outstanding.

The figures in the table below show a considerable irregularity in the infantile mortality-rate. It is, however, lower than was the general experience in the previous ten years (1917—26).

		Isle.		England & Wales.
1927	...	64·91	...	69
1928	...	58·94	...	65
1929	...	83·33	...	74
1930	...	52·19	...	60
1931	...	58·11	...	66
1932	...	53·68	...	65
1933	...	57·77	...	64
1934	...	58·89	...	59
1935	...	46·49	...	57
1936	...	60·29	...	59

MATERNAL MORTALITY.

Five women died in, or in consequence of child-birth, a decrease of one on the corresponding figure last year. The maternal mortality-rate is practically the same as that for the country generally. The numbers, however, are very small so that an individual annual rate is not of any great value. The average maternal mortality-rate in the county over the last seven years is 3·86 which is rather below that for England and Wales over the same period.

DEATHS FROM ZYMOTIC DISEASES.

The deaths from these diseases in the County in 1936 comprised two from Scarlet Fever, ten from Whooping Cough, two from Diptheria, eight from Influenza, and three from Encephalitis Lethargica.

It is noteworthy that the number of deaths from Influenza has greatly decreased during 1936.

DEATHS FROM TUBERCULOSIS.

There were 32 deaths from pulmonary tuberculosis (18 in males and 14 in females) during 1936. This number is a decrease of four on that of the previous year.

The deaths from other forms of the disease numbered 12, an increase of three on the figure for the previous year.

The following are the death-rates per thousand from tuberculosis since 1926 :—

		Pulmonary.		Non- Pulmonary.		Total.
1926	...	·506	...	·195	...	·701
1927	...	·568	...	·052	...	·620
1928	...	·810	...	·116	...	·926
1929	...	·614	...	·154	...	·768
1930	...	·476	...	·154	...	·630
1931	...	·412	...	·219	...	·631
1932	...	·458	...	·153	...	·611
1933	...	·456	...	·177	...	·633
1934	...	·489	...	·123	...	·612
1935	...	·436	...	·109	...	·545
1936	...	·392	...	·147	...	·538

It will be seen that the death-rate for the pulmonary form of the disease shows a decrease over 1935, while the non-pulmonary rate has risen.

It should be remembered that the population on which these rates are calculated is a somewhat small one, so that a small difference in the total number of deaths in any year may make a considerable difference to the rate. For this reason, comparisons between single years are not so useful as comparisons between the average rates per year over longer terms of years.

It appears that, as regards the pulmonary rate, the tendency in the first five years of the period beginning 1925 was for it to be above ·5 per 1,000, and that the tendency during the last seven years has been for it to be below ·5 per 1,000.

The death-rate from pulmonary tuberculosis has reached a low record this year, and one hopes that the downward tendency in this rate will be maintained.

There is, however, no evidence of an equivalent steady fall in the non-pulmonary rate. This is all the more regrettable since it is this form of tuberculosis which particularly attacks children.

The mortality-rate is only a part of the story in this case. Non-pulmonary tuberculosis leads frequently to life-long crippling in cases recovered from active disease, while its treatment in the case of bone and joint tuberculosis usually involves long periods of residence in hospital, and much suffering.

There is in addition the question of interrupted education, and also the great expense of keeping these cases in hospital for, in some cases, very many months.

A considerable amount of this non-pulmonary tuberculosis is of bovine origin, and is spread by the milk of infected cows. Any scheme, therefore, which helps to eradicate tuberculous animals, and any measures which help to make milk "safe" are worthy of every encouragement.

DEATHS FROM CANCER.

Cancer claimed 136 deaths in the year, this number being a decrease of 7 as compared with that of the previous year.

In 1936 there were 70 in males and 66 in females as compared with 67 in males and 76 in females in 1935.

With the exception of the rather heterogenous group of deaths due to "Heart Disease" there is no single disease which in any way approaches Cancer as a cause of death.

OTHER DEATHS.

Full details of the causes of death in the County are shown in the sub-joined tables.

It is noteworthy that of the total of 999 deaths, practically one-third (32·8%) were aged 75 years or over.

CAUSES OF DEATH	URBAN						RURAL						Total for Urban and Rural Districts.	GRAND TOTAL.										
	Chatteris.		Ely.		March.		Whittlesey.		Wisbech		Aggre- gate of U.D.'s.				Ely.		North Witchford.		Thorney.		Wisbech.		Aggre- gate of R.D.'s.	
	3.y.	3.x.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Registrar's number of area.	31	29	65	50	64	70	44	41	104	101	286	251	105	81	44	29	11	6	64	60	486	456	200	205
ALL CAUSES	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1	..	..	..	1
1. Typhoid & Paratyphoid Fevers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Measles	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
3. Scarlet Fever	..	..	..	..	..	..	1	1	..	..	1	1	..	..	..	1	..	..	..	..	1	1	..	..
4. Whooping Cough	1	1	1	..	..	..	..	..	..	..	2	2	1	2	..	1	..	..	1	1	4	6	2	4
5. Diphtheria	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	1	1	..	..
6. Influenza	..	..	1	1	..	..	..	..	2	2	4	3	..	..	..	..	..	..	..	..	5	3	1	1
7. Encephalitis Lethargica	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	1	1	2	1	..	..
8. Cerebro-spinal Fever	..	..	..	..	1	2	..	1	4	3	12	9	3	1	2	..	..	1	..	..	..	1	..	..
9. Tuberculosis of Resp'y System	..	..	6	3	1	2	1	1	..	1	4	3	1	1	..	..	..	1	1	3	18	14	5	5
10. Other Tuberculous Diseases	1	..	..	..	1	2	1	..	1	1	1	3	1	1	..	..	..	..	1	2	6	6	3	3
11. Syphilis	..	..	..	..	1	..	..	..	..	1	1	1	..	1	..	..	..	..	1	1	2	2	1	1
12. General paralysis of the insane, tabes dorsalis	..	..	2	7	4	11	8	6	15	14	2	41	17	14	1	3	1	1	1	7	4	25	25	2
13. Cancer, malignant disease	6	3	9	3	..	2	..	2	3	1	42	41	..	..	5	3	..	..	5	7	70	66	28	25
14. Diabetes	..	1	1	3	..	2	..	2	2	1	3	9	..	..	1	..	1	..	1	..	5	9	2	..
15. Cerebral Hæmorrhage, &c.	2	..	3	4	5	8	4	1	2	8	16	21	6	4	2	4	2	..	5	13	30	34	14	13
16. Heart Disease	9	6	12	16	18	10	8	7	25	30	72	69	21	25	13	8	2	1	12	46	123	115	51	46
17. Aneurysm	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..
18. Other circulatory diseases	3	2	1	..	2	5	1	..	5	5	12	12	2	2	2	2	1	1	2	7	18	19	6	7
19. Bronchitis	..	3	6	2	5	3	1	4	8	4	20	16	8	6	1	..	..	..	2	6	31	22	11	6
20. Pneumonia (all forms)	..	1	2	..	5	3	3	8	8	6	18	18	6	3	2	2	..	..	5	10	29	28	11	10
21. Other respiratory diseases	..	..	..	1	1	1	1	1	2	..	3	3	3	2	..	..	..	..	..	2	6	5	2	2
22. Peptic Ulcer	1	..	1	..	2	..	..	..	5	..	5	..	..	1	..	..	..	..	..	1	5	1	1	1
23. Diarrhoea, &c. (under 2 years)	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	1	1	..	..

Causes of Death at Different Periods of Life in the Administrative County of
Isle of Ely in 1936.

CAUSES OF DEATH.	Sex.	Aggregate of Urban Districts.											Aggregate of Rural Districts.												
		All Ages.											75 & upwards												
		0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75 & upwards	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75 & upwards	
ALL CAUSES	M.	308	28	4	3	6	10	11	8	27	44	83	84	224	20	5	1	13	6	9	9	11	36	46	77
	F.	291	20	8	5	3	8	11	12	18	39	57	110	176	12	2	1	2	9	9	19	26	36	36	57
1. Typhoid & Paratyphoid Fevers	M.	0	..	..	..	..	1	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F.	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
2. Measles	M.	0	..	..	..	..	..	..	..	..	1	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F.	1	1	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
3. Scarlet Fever	M.	1	..	..	..	..	..	1	..	..	..	..	..	0	2	2	..	..	..	..	..	..	..	..	..
	F.	1	1	1	1	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	..	..	..
4. Whooping Cough	M.	2	..	..	..	..	..	..	..	..	..	..	..	2	2	2	..	..	..	..	..	..	..	..	..
	F.	2	1	1	1	..	..	..	..	..	..	..	..	4	2	2	..	..	..	..	..	..	..	..	..
5. Diphtheria.. .. .	M.	1	..	..	..	1	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F.	1	..	..	..	1	..	..	..	..	2	..	..	0	..	..	..	..	..	..	..	..	..	..	..
6. Influenza	M.	4	..	..	..	1	..	..	..	..	2	..	..	1	..	..	..	..	..	1	..	..	..	..	..
	F.	3	..	..	..	1	..	..	..	..	1	..	2	0	..	..	..	..	..	..	..	..	..	..	..
7. Encephalitis Lethargica	M.	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
8. Cerebro-spinal Fever	M.	0	..	..	1	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	1	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..
9. Tuberculosis of Resp'y System	M.	12	..	1	1	..	3	3	2	2	4	1	1	6	..	..	..	4	1	2	1	..	1	..	..
	F.	9	..	..	1	1	1	1	..	2	..	1	1	5	..	1	..	1	1	1	1	..	1	..	..
10. Other Tuberculous Diseases	M.	4	..	..	1	1	1	..	2	..	..	..	..	2	..	1	..	..	1	1	1	..	..	..	..
	F.	3	2	..	1	..	..	..	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	..	..
11. Syphilis	M.	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..	..	1	..	..	..
	F.	1	..	..	..	..	..	..	..	..	2	..	1	1	..	..	..	..	..	..	1	1	..	..	..
12. General Paralysis of the Insane, tabes dorsalis	M.	2	..	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	20	13	0	..	..	..	..	2	..	..	..	6	..	9
13. Cancer, malignant disease	M.	42	..	..	..	..	..	..	..	2	7	20	13	28	..	..	..	..	..	..	2	2	9	6	4
	F.	41	..	..	..	..	..	..	3	3	14	11	10	25	..	..	..	..	1	..	4	8	9	9	1
14. Diabetes	M.	3	..	..	..	..	..	..	..	1	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..
	F.	9	..	..	..	..	..	..	..	1	2	4	2	0	..	..	..	..	..	..	..	..	..	..	..

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

There have been no changes of note under this head and, in particular, it may be said that the arrangements under the heads of Poor Law Medical Out-Relief, Nursing in the Home, Laboratory Facilities, Hospitals, Ambulance Facilities, Institutional Provision for Mothers and Children, and Clinics remained as in previous years.

INSTITUTIONAL MEDICAL SERVICES.

I referred last year to the question of general hospital provision in the county and expressed the hope that the Council would seriously consider the erection of a hospital which would not only relieve the poor law institutions of their sick inmates, but would also provide some accommodation for sick persons who are not destitute poor and who would not, in any case, countenance the idea of entering what is still to the man in the street "the workhouse." Unfortunately the issue was confused with the policy of a central all-purpose institution which was, in my opinion, rightly opposed on grounds of sentiment. The Council therefore decided to retain, more or less in the present form, the existing three institutions. This, in my opinion, is a regrettable decision which merely bolsters up an old and outworn conception of the proper method of the care of aged, infirm and sick. I feel that in maintaining the present system a golden opportunity, which will not recur for a generation, will have been lost. Because of its importance to the health of the community, and because I feel the matter has never been adequately discussed, I feel it my duty to put on record what I conceive to be a scheme in accordance with modern theory and practice and in accordance with well informed opinion in the country as a whole. It may be that, on enquiry, the suggested system might not prove to be better than the existing one, but it is, I submit, at least worth an investigation, which it has not yet received.

There is, first of all, no thought in the ideal scheme of centralising the aged and/or merely infirm poor. It seems to me that it should not be beyond the wit of man to design for these old people at several centres in the county, cottage homes, where they would have that amount of independence and responsibility for their own well-being for which their own particular age, sex and health fitted them. In a few cases this might be an independent life in a room or rooms of their own, in some cases a certain amount of domestic help might be necessary. For certain cases a home for, say, not more than a dozen old people, would require to be provided. And then there is

the case of the infirm who, from mere old age or from some chronic disease, are unable to take care of themselves. These require only simple nursing care and this could be provided in a small block in the cottage homes suggested above.

There would then be for these classes of persons, accommodation suited to their needs, situated near their own former homes, with the atmosphere of a home and not of an institution and with a degree of freedom and independence not possible in the latter. I would here refer to the Northumberland County Council, which has, I am informed, made some advance on the lines indicated above.

There is then a group of individuals,—new entrants, younger people who cannot, for some reason, lead an independent life, cases awaiting transfer &c., and for these one institution might remain. They are a mixed group who are either only temporary residents, or who are only fit for institutional life.

There remain finally the acute sick—that is to say, the sick for whom skilled medical and nursing care and attention is necessary and can be of definite value. The obvious place for such cases is in an up-to-date and properly equipped hospital. There are a certain number of these cases in our present institutions but not very many. It is, however, simply begging the question to say that they do not therefore exist. That they are not found in the institutions is, in my view, due to the fact that these institutions are an integral part of the poor law system. *The sick ward in the institution is none the less "the workhouse," however well it may be equipped.* There is also the large class of the community who in sickness require skilled nursing but who cannot be regarded, in any sense, as coming within the ambit of the poor law system. These require accommodation for which they would pay according to their means. For these the voluntary hospital provision in the county is quite inadequate. There is, again, the question of maternity beds. There is an inadequate provision of these with the result that mothers whose home circumstances are anything but desirable for a confinement are compelled, in default of adequate non-poor law accommodation, to have their babies in places which are quite unsuitable, and which militate not only against decency but also against the life and health of mother and child. But a small maternity block could conveniently form part of a hospital scheme.

I mentioned last year the question of observation beds for cases of tuberculosis and beds for advanced cases where they might be fairly near their relatives. This matter has become more acute during the last year on account of the difficulty of obtaining beds in sanatoria for county patients. As a result both early cases and late cases must often remain living under the most unsuitable conditions and in a number of instances in houses where they are a decided source

of danger to the other members of the household. It appears to me that a suitable pavilion best placed in a county hospital is the solution to this difficulty.

The whole question of hospital provision in this county requires thorough investigation in consultation with the authorities of the voluntary hospitals now serving the area.

The above is, therefore, a suggested scheme which would retain the aged and infirm in small homes in or near the districts where they formerly lived, would provide up-to-date nursing care and attention for the really sick, whether destitute or not, would provide for maternity cases and also for selected cases of tuberculosis.

It is a project which is, I submit, in line with modern development and worth, at any rate, adequate enquiry.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Since the last Report was written a certain amount of progress has been made towards the provision of the new County Home for the above cases.

The plans are in an advanced stage and by conferences with the Board of Control most of the details have been settled.

The Council has purchased an ideal site on the outskirts of March where not only privacy will be secured but where the patients and nurses will be near enough the town to enjoy the amenities available.

I trust that it will be possible to commence the actual erection of this much needed home before very long.

During the year the Institution at Ely has continued in use, but cannot possibly be considered as in any permanent sense satisfactory.

From time to time vacancies are obtained in various Institutions and suitable cases admitted. Most of these Institutions are, however, at a considerable distance from the County and this is an unsatisfactory arrangement. It also militates against the removal of certain cases which undoubtedly would benefit by Institutional care but whose guardians refuse to allow them to go so far from home.

Miss A. Mort, one of the Council's Health Visitors, continues to undertake the visiting of mental defectives for the purpose of supervision and also assists in the work of ascertainment.

At the time of writing this Report (July) there are known to be 223 mentally defective persons for whom the County Council is, or may become responsible for their maintenance. This 223 consists of 115 males and 108 females and the following Table sets out in detail the classification and whether at home or in institution.

Classification—	Males		Females	
	At Home	In Institution	At Home	In Institution
Feebleminded ...	56	13	50	19
Imbeciles ...	21	16	13	17
Idiots ...	3	5	6	2
Moral Imbeciles ...	—	1	—	1
	80	35	69	39
	115		108	
	Total 223			

MIDWIVES.

During the year under review 30 midwives notified their intention to practise in the County. Some of these persons were only temporarily resident in the area and at the end of the year 22 names remained on the list. Of this number 14 were employed by District Nursing Associations, 3 were on the staff of the Public Assistance Institutions and 3 were working independently.

There are no bona-fide midwives in the area.

Your Medical Officer, as Supervisor of Midwives, visits the midwives from time to time and inspects their records and appliances and investigates their methods of practice.

THE MIDWIVES' ACT, 1936.

The year has been notable for the passing of the above Act, which is directed to ensure that the nursing of every woman in childbirth shall be carried out by a properly trained and qualified midwife, acting either alone or under the direction of a medical practitioner. The Council decided that, so far as possible, the provisions of the Act should be carried out through the medium of the Nursing Associations, most of whom were already doing a good deal of maternity work in their own districts. It was necessary, however, to extend the area of operation of many of the Associations to ensure that no part of the county was unprovided for. Certain special arrangements were also necessary. The Outwell and Upwell Association had found itself unable to carry on and, in spite of an increased grant

from the County Council, were unable to undertake the midwery service in that area. After protracted negotiations the Norfolk Nursing Federation agreed to be responsible for this area. Similarly it was found to be more convenient in the Tydd St. Giles area to arrange for the parish to join a new nursing association covering not only the Isle parish but also certain villages in the Holland Division of Lincolnshire. In Chatteris the Committee of the local nursing association felt itself unable to co-operate in the Scheme and a county council midwife has, therefore, been appointed for the Chatteris district. Three other areas were left unprovided for, and in each case strenuous attempts were made to found a nursing association.

The Thorney district responded well and with such enthusiasm that promise of the necessary financial support was soon forthcoming. The new association is affiliated to the Queen's Institute of District Nursing.

Unfortunately it was not found possible to set up Nursing Associations in the parishes of Parson Drove and Wisbech St. Mary and in the parish of Elm, and for these the Council has itself appointed midwives. This is an undoubted loss to the parishes concerned, since county council midwives will not be available for any general sick nursing.

Besides the actual provision of an adequate supply of midwives in the area, it is also necessary to ensure that in each case a telephone is installed and that adequate arrangements are made for travelling. In many cases this involved the provision of a motor car and, where necessary, the County Council has agreed to make a non-recurring grant towards the purchase of the car and a suitable annual payment towards travelling expenses.

Other matters dealt with have included fixing the minimum salaries to be paid to midwives, arranging that suitable superannuation arrangements be made, laying down off-duty and holiday periods. It has also been necessary to make alterations in scales of fees in some areas and to make arrangements for the remission of fees in necessitous cases.

It will be obvious that if a service of trained midwives is available it will be impossible to countenance the continuance of the untrained woman—the "handywoman" as she is often called—in the capacity of a maternity nurse.

As "home helps," or housekeepers, these women may still be of great value, but the new Act provides that, when the supply of midwives is adequate, it will become a punishable offence for an untrained woman to continue to act as a paid nurse to women in childbirth.

What will be the effect of the new Act? The Minister of Health refers to the new service to be set up as "An important step in the improvement of the maternity services and in the campaign for reducing maternal mortality." It is, however, only *one* "step in the improvement of the maternity services" and it will only fulfil its purpose if it is co-ordinated with every other measure to ensure a healthy and happy motherhood. Among these measures I am happy to say that an extension of ante-natal facilities is under consideration at the time of writing.

The Regulations of the Central Midwives' Board require a midwife to call in the assistance of a registered medical practitioner in any emergency and 79 such calls were made during the year.

LEGISLATION IN FORCE.

No new Local Acts, special Orders, general adoptive Acts or bye-laws came into force during 1936.

MATERNITY AND NURSING HOMES.

There have been no new applications for registration or exemption from registration under the Nursing Homes Registration Act during 1936.

The four nursing homes already registered have continued in existence and no comments as to their working are necessary.

No application for delegation of the powers of the County Council was received from any District Council.

CHILDREN'S ACT, 1908—1933.

The names of 50 children appeared on the Register at the beginning of the year as being in the care of foster parents. Twenty-eight children were placed in the area during the year and 18 names were removed from the Register as leaving the county or attaining the age of nine years.

During 1936 the Health Visitors paid 186 visits to the homes and children.

ORTHOPAEDIC TREATMENT.

No change has taken place in the arrangements noted in last year's Report. Orthopaedic clinics situated in the County or attended by patients from the County are held as follows:—

Place	Address	Surgeon	Time
Ely	Central Hall, Ely.	Dr. Roderick	2nd Thursday 11 a.m. to 4 p.m. & 4th Thursday 1 p.m. to 4 p.m. each month.
Wisbech	North Cambs. Hospital	Dr. Roderick	1st Thursday each month at 11 a.m.
Peterborough	Memorial Hospital	Dr. Wilson-Stuart	1st & 3rd Thurs- day each month at 11 a.m.

MEDICAL BENEFIT ADMINISTRATION UNDER THE NATIONAL HEALTH INSURANCE ACTS.

The following details regarding medical benefit for insured persons have been supplied by Mr. Edwards, the Clerk to the Insurance Committee, to whom I am obliged for his co-operation.

	1936	1935
No. of doctors on Panel List	44	45
No. of chemists' shops	17	16
Average permanent insured population	31,672	31,039
No. temporary residents treated ...	1,945	1,869
Average total No. on doctors' panels ...	31,403	30,821
Average No. on chemists' lists		
for medicines	20,720	20,216
Average No. on doctors' lists		
for medicines	12,628	12,474
No. of prescriptions issued	88,554	85,271
	£ s d	£ s d
Average cost per prescription ...	0 0 8·36	0 0 8·49
Average cost per person		
(medicines)	0 3 2·09	0 2 10·83
Total cost of prescriptions ...	3,070 9 8	2,933 17 4
Total cost of insulin	78 11 0	87 2 2
Total payments to		
doctors and chemists ...	20,670 12 3	19,908 9 8

PUBLIC VACCINATION.

Return respecting the Vaccination of Children whose Births were Registered during the year 1935, and number of Certificates and Statutory Declarations received by Vaccination Officers during the year 1936.

Registration District.	Number of Births entered by 31st January, 1937, in Columns I., II., IV. and V. of the "Vaccination Register " (Birth List Sheets), viz.:					Number of Births in the "Birth List Sheets" as registered from 1st January to 31st December, 1935.						
	Col. I.	Col. II.		Col. IV.	Col. V.							
	Successfully Vaccinated.	Insusceptible of Vaccination.	Had Small-pox.	Number in respect of whom Statutory Declaration of Conscientious Objection have been received.	Died Unvaccinated.							
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Chatteris	110	59	..	..	46	..	..	2	3	..	33	54
Ely	130	21	..	..	98	..	..	..	..	3	20	94
Haddenham	40	6	..	..	32	..	..	..	2	..	11	30
Leverington	114	15	..	..	91	..	1	..	2	1	16	82
Littleport	91	13	..	..	66	..	..	..	2	6	9	80
March	230	25	..	..	189	..	1	..	5	2	20	184
Sutton	47	1	..	..	39	..	..	..	..	4	6	25
Upwell	35	4	..	..	29	..	..	..	..	..	4	29
Walsoken	120	17	..	..	92	..	1	1	3	3	14	84
Whittlesey	195	18	..	..	166	..	..	..	4	..	22	153
Wisbech	220	39	..	..	163	..	1	4	6	2	30	135
TOTAL	1332	218	..	..	1011	43	4	7	27	21	185	950

VACCINATION.

The details regarding the number of vaccinations successfully performed during the year provide ample evidence of the futility of the present arrangements. It seems ridiculous to allow to remain on the statute book legislation which is, for all practical purposes, a dead letter, and to put the vast majority of parents in the position of making a solemn declaration of disbelief in a procedure of whose basis and value and effects not one in a hundred of them has, in point of fact, any knowledge whatsoever. To provide facilities for free vaccination, while abolishing any suggestion of compulsion is, I believe, the only logical way of dealing with the protection of the community against smallpox, having regard to present circumstances. Moreover, present arrangements are such that only Public Vaccinators, among doctors generally, are in a position to vaccinate without charge. Parents are often unwilling either to incur the extra charge for vaccinations carried out by their own family doctor, or to go to another doctor, who is public vaccinator, in order to have the work done free. It would be much better, if vaccination is to be encouraged, to pay a small fee to any doctor for each successful vaccination.

Under the present Regulations the proper administration of the Act involves a tremendous amount of clerical work with extremely meagre results in the way of successful vaccinations. It seems to me that the whole of the Vaccination Laws require complete overhaul.

Of the value of vaccination in protecting against smallpox I have no doubt. Nor can one view with equanimity the fact that, year by year, as the older vaccinated members of the population die out, they are not replaced by an equivalent number of protected individuals and so the population, as a whole, becomes less protected against smallpox. Of course, the best stimulus to vaccination is the occurrence of smallpox and there is seldom or never any opposition to this means of protection in primitive communities who are familiar with smallpox itself. But to avoid an epidemic by increasing the number of protected individuals can, in my opinion, be best obtained by the two measures referred to above, namely :—

- (1) To make vaccination entirely voluntary and to eliminate much of the the present administrative procedure.
- (2) To make it possible for every doctor to vaccinate any patient free of all cost.

If it is objected that to do so is still further to “spoon-feed” members of the community, it is surely only right to point out that in this, as in many other similar matters, it is not only and not chiefly the protection of the individual that is desired, but the protection of the community in general against the cost to themselves and the dislocation to business generally, which an epidemic of any disease always produces.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

It is appropriate to comment here on the continued difficulties experienced in the Chatteris and Manea districts regarding water supply. While one appreciates the difficulties which a water undertaker may encounter in the matter of securing a supply and of making it available to a widely scattered population, there is a particular danger to the public health in a piped water supply which is intermittent and defective. Apart from the question of possible contamination through defective joints in a pipe line which is either intermittently empty, or where the pressure of the contained water is very low, there is also the very real danger that in times of shortage those who would otherwise have used the piped supply will be driven to use sources which may and, indeed, usually are, either dangerously polluted or liable to become so. Not only is this the case but actual shortage of water leading to insufficient cleansing of persons or things is a palpable danger to the public health. It would be a very regrettable happening if the fact that the only piped supply available was not satisfactory should hinder the work of local authorities in encouraging householders to secure for themselves all the advantages of pure water. Of all the fundamental necessities for healthy living pure water is one of the most essential and if a private concern undertaking to provide an adequate supply of water in an area fails to do so it is incumbent upon the local authorities for that area to make alternative arrangements. Benwick and parts of the Wisbech Rural District are still without a piped water supply and there seems little immediate prospect of one being obtained.

The whole position is very unsatisfactory and I trust that the present state of affairs will not be allowed to continue indefinitely.

I would again comment on the excellent work of the Ely Rural District in the matter of providing a water supply and it is with much pleasure that I give the following quotation from the annual report of the Medical Officer of Health of that area.

“With the completion of the scheme all Parishes in the Rural District may rely upon an abundant supply of pure water and it is felt that, even in periods of long drought, the capacity is such as to give a very substantial margin of safety.

It is now estimated that over 95 per cent. of the population of the Rural District has available a pure supply of water for domestic purposes. Approximately 90 per cent. of dwellings are

actually connected with the distribution mains. Bearing in mind the low rateability and the sparsely populated nature of the District the scheme can, I think, rightly be regarded as unique so far as Rural Districts are concerned. Substantial financial assistance received from the Ministry of Health, the Isle of Ely County Council and from the General Rate Fund of the Rural District has enabled the Council to complete a scheme of inestimable value to the District."

Since a considerable number of householders in this County are still dependent upon sources of water supply other than piped supplies a few remarks on the necessity of taking adequate precautions to render such alternative sources as safe as possible may not be out of place. Very many houses in this area have one or more rain water tanks but few use them properly. It is essential that such tanks should be kept clean and should be closed with a well-fitting cover. Again an arrangement should be provided whereby the first washings from roofs should be run to waste since these contain practically all the dust, &c., which has collected during the dry period. It is this material which contaminates the water in the tank and, in decaying, so often gives tank water an unpleasant odour and taste.

Rain water collected in a clean tank from a clean roof, is pure and wholesome and should always be used for drinking in preference to water from shallow wells and from ditches. Unfortunately it is often more highly valued for washing on account of its softness than it is for drinking. This is a very great mistake, since rainwater is likely to be much purer than well or stream water and much less likely to be a cause of disease.

SEWERAGE.

As I said last year, this is intimately associated with the question of pollution of water courses and I have nothing to add to what I said then regarding the dangers of permitting untreated sewage to enter streams which may be used as a source of water supply for domestic purposes. Such polluted water may also be a source of danger as an agent in the spread of disease if used for the watering or grooming of milk cattle.

New or alternative sewage schemes are under consideration in Ely, March and Wisbech. It is to be hoped that the necessary works will be undertaken in each case as early as possible, especially in March, where untreated sewage continues to run into the river in the centre of the town.

I am glad to be able to report that the installation of the new sewerage scheme in Whittlesey is nearing completion.

SCHOOLS.

The influence of the sanitary condition of schools on personal hygiene has been dealt with in my Report on the School Medical Service. There is definite improvement in the sanitary conditions of many schools though, with much leeway to make up, it will be some time before one can say that even major defects have all been dealt with in the schools generally.

It is to be remembered that the child spends in school a considerable portion of each day and it is necessary for health that he should spend it in decent surroundings. Overcrowding is a problem in a number of these schools, due in part to re-organisation, in part to shifting population, and in part to the fact that certain schools have never been large enough to accommodate those who should attend them. The importance of this defect is, of course, that infectious disease is much more likely to spread in an overcrowded school than in one where there is plenty of room. Overcrowding in any school is not, therefore, a matter which should be lightly regarded. During the year 1 school was closed on account of outbreak of infectious disease. With the exception of scarlet fever there was a considerable increase in the number of cases of infectious disease over last year.

The following is a summary of notifications of infectious disease received from head teachers.

Schools concerned	Scarlet fever	Diphtheria	Whooping cough	Chicken pox	Measles	German measles	Mumps	Ringworm	Impetigo	Total
75	156	45	361	358	400	58	153	25	3	1559

No schools were closed by or at the instance of the Local Sanitary Authority.

INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.*

The Sanitary Inspectors of the various district councils have continued to supervise the farms and dairies engaged in the production and sale of milk during 1936. In addition certain dairies were inspected by the School Medical Officer with a view to determining their suitability for the supply of milk to schools.

The arrangements for the examination of milk for tubercle bacilli which were detailed in the Report for 1932 have continued in force.

During the year 49 samples of milk were submitted to the laboratory for examination, 48 were collected at the time of sale and 1 was submitted by a Veterinary Surgeon following his inspection of a herd.

Three samples were unfit for examination upon arrival owing to delay in transit, while the remainder did not reveal the presence of tubercle bacilli.

The number of producers of accredited milk in the county at the end of 1936 was 22.

The arrangements for the inspection of premises, milking methods, &c., detailed in the Annual Report last year came in force at the end of 1936. I am very grateful, indeed, to the Agricultural Instructor and to the various Sanitary Inspectors for their help in this important work.

The necessity for a wholesome milk supply cannot be overstressed. Milk is peculiarly liable, from its method of production, to contamination by animal discharges, whether from the cattle themselves or from the milkers. Not only is this so, but the fact that it is usually taken in the fresh state and that it is chiefly consumed by infants and young children who are particularly liable to infection, renders it all the more necessary that it should not be a means of spreading disease.

The production of clean milk requires constant and unremitting care on the part of producers, and I have no doubt that the Milk Marketing Board's Bonus to Accredited Producers is doing a good deal to encourage farmers to produce such clean milk. The standard which this milk is required to reach, however, is not at all high and ought, in my opinion, to be the minimum standard reached by any milk sold for human consumption.

(b) *Sampling of Milk.*

During the year fifty-three samples were obtained of which eight failed to reach the required standard. In those cases which failed steps were taken to discover and remedy the probable cause of failure, with satisfactory results.

(c) *Meat and other Foods.*

The inspection of meat, slaughter houses, shops, stalls and vehicles and places where food is prepared is undertaken by officials of the local sanitary authorities and not by the County Council.

(d) *Adulteration.*

Of 262 samples submitted for analysis, 125 were taken informally and 137 were formal samples.

151 of these samples were of milk and in 29 cases were deficient in milk fat and in 2 were found to contain added water.

Proceedings were instituted against the vendors in the cases of added water. In one case a fine of 5s. was imposed and in the other costs were awarded against the Council.

A fine of 5s. was imposed upon a vendor where milk fat was found to be deficient.

In several other cases letters were addressed to the vendors drawing their attention to the deficiency of milk fat in the milk retailed by them.

A shopkeeper was fined £3, with costs amounting to £1 6s. 6d., in a case where catfish had been sold as hake.

The attention of a vendor was directed to the deficiency of boric acid in a sample of Boracic Ointment.

Samples taken in 1936	Benwick	Chatteris	Chettisham	Coates	Coveney	Doddington	Elm	Ely	Gorefield	Guyhirne	Haddenham	Leverington	Little Downham	Littleport	Manea	March
Arrowroot	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Aspirin	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Baking Powder ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Banana Cream ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bis. Magnesia Tab.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Boracic Ointment..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Butter	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	33
Cheese	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cocoa	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Coffee	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Coffee Extract ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
Cream	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Cream (Tinned) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Currants	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dressed Crab ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
Dry Fruit Salad ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Elinade	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Fish	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Fruit Jelly.. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Fruit Sweets ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fruit Salads ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Gin	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ginger Wine ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Grapefruit Liqueur	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Grapejuice	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Grapefruit Squash	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glycerine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Icing Sugar ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
Iodine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jelly	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lard	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Lard Substitute ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Lemonade Powder	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lemonade & Barley Water ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lemon Curd	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Lime Cordial ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Margarine	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Meringues	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Milk	1	4	1	1	..	3	6	19	..	2	4	3	1	4	3	24
„ (Condensed) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ Cheese	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mincemeat.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Mint	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mould (Honeycomb)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pepper	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Peppermint Sweets	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Orange Squash ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Orange Wine ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Raisins	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Rice	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..
„ (Ground) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sausages	..	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..
Sultanas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Veal & Egg Pie ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Vinegar	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Vita-Cup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Whisky	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Zinc Ointment ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	3	10	1	1	4	5	6	28	1	3	6	4	1	9	7	36

Samples taken in 1936	Mepal	Murrow	Outwell	Parson Drove	Stretham	Sutton	Thorney	Tydd St. Giles	Upwell	Whittlesey	Wilburton	Wimblington	Witcham	Witchford	Wisbech	Wisbech St. Mary	Total
Arrowroot ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Aspirin ..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	3
Baking Powder ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Banana Cream ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Bis. Magnesia Tab. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Boracic Ointment ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3	..	4
Butter ..	..	1	..	2	..	..	..	..	..	1	..	2	..	..	2	..	13
Cheese ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Cocoa ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Coffee ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Coffee Extract ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Cream ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Cream (Tinned) ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Currants ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	2
Dressed Crab ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Dry Fruit Salad ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Elinade ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Fish ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Fruit Jelly ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Fruit Sweets ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Fruit Salads ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Gin ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Ginger Wine ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2
Grapefruit Liqueur ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Grapejuice ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Grapefruit Squash ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Glycerine ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Icing Sugar ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
Iodine ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Jelly ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Lard ..	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	4
Lard Substitute ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Lemonade Powder ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Lemonade & Barley Water ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Lemon Curd ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Lime Cordial ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Margarine ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Meringues ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Milk ..	..	1	5	..	1	15	..	..	2	9	1	6	..	3	30	2	151
„ (condensed) ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
„ cheese ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Mincemeat ..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..	4
Mint ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Mould (Honeycomb) ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Pepper ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3
Peppermint Sweets ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3
Orange Squash ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Orange Wine ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Raisins ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2
Rice ..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	1	..	6
„ Ground ..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	4
Sausages ..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	5
Sultanas ..	..	1	..	..	..	..	1	..	..	..	..	..	1	..	..	..	3
Tea ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2
Veal & Egg Pie ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Vinegar ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Vita-Cup ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Whisky ..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	1	3
Zinc Ointment ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Totals ..	4	4	5	3	3	18	5	2	9	19	2	10	1	5	44	3	262

(e) *Chemical and Bacteriological Examination of Food.*

Samples of Food taken by the Inspector of Weights and Measures are forwarded for analysis to Mr. S. Greenberg, Public Analyst, at Cambridge.

The examinations include enquiry into the nature of samples with regard to adulteration or deficiency in constitution, and also as to the presence of preservatives.

No bacteriological examination of food is undertaken by the County Council.

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS DISEASES.

While the total number of cases of scarlet fever was slightly less last year than in 1935, a study of the figures shows that most of the cases occurred in Whittlesey. In 1935 Wisbech was the chief sufferer, but the epidemic there has now come to an end.

Of the total 71 cases of diphtheria in the County 62 came from Wisbech and district. But for an immunisation campaign in the Wisbech Schools the outbreak would, I think, have been much more widespread.

An Isolation Hospital Joint Board for the northern half of the County came into being in April of the present year (1937). I commented last year on the condition of the Wisbech Isolation Hospital. I trust that the Board which will now be responsible for the provision of new accommodation will appreciate the urgency of the matter, and will press forward energetically with its new proposals. The fact that the hospital will now be available for cases from a much wider area than previously makes satisfactory arrangements all the more necessary.

MATERNITY AND CHILD WELFARE.

Seventy-nine notices were received from midwives under the Regulations of the Central Midwives' Board, as having sent for

medical help. The conditions for which help was sought were as follows:—

Albuminuria	...	...	...	1
Bleeding nipples	...	...	...	1
Breech presentation	...	...	...	3
Delayed 2nd stage	...	...	...	6
Enfeebled child	...	...	...	4
Induction of labour	...	...	...	1
Inflamed and discharging eyes				4
Inertia	...	...	...	1
Malpresentation	...	...	...	1
Mental Disorder	...	...	...	1
Oedema of legs	...	...	...	2
Placenta praevia...	...	...	...	1
Pleurisy	...	...	...	1
Post gravide	...	...	...	1
Pregnant patient, loss of blood				1
Pregnant patient with goitre	...			1
Premature child	...	...	...	2
Raised blood pressure	...	...	...	1
Retained placenta	...	...	...	1
Rigidity of perineum	...	...	...	1
Rise of temperature	...	...	...	8
Ruptured perineum	...	...	...	28
Sores on genitals	...	...	...	1
Still-birth	...	...	...	1
Threatened miscarriage		...	...	5
Tongue-tie	...	...	...	1
				79

The sum of £107 5s. 6d. was incurred in respect of fees to medical practitioners summoned to the aid of midwives in necessitous cases.

The following is a summary of other notifications received from midwives:—

Artificial feeding	...	...	...	4
Death	...	...	...	1
Laying out dead body	...	...		2
Liability to be a source of infection				9
Stillbirth	...	...	...	1

Eighteen cases of difficulty in connection with parturition were treated at Addenbrookes' Hospital for a total period of 336 in-patient days.

There is no County Nursing Association in the Isle of Ely. Nurses employed by some of the District Nursing Associations, however, receive visits from a Lady Inspector sent by the Queen Victoria Jubilee Institute for Nurses, apart from those paid them by the County Medical Officer of Health.

Milk to infants and nursing mothers was provided to the value of £214 11s. 10d.

During the year the Health Visitors and District Nurses paid 1,874 visits to expectant mothers, 9,029 visits to children under one year of age, and 9,981 visits to children between one and five years.

There is a notable increase in the number of visits paid by Health Visitors. These visits are of the very greatest value and my only regret is that with our present staff it is not possible for this most useful work to be done more thoroughly. Only those who know how difficult is the Health Visitors' task and how much help they may and do render to the mothers and children in their districts, can appreciate the importance of the work of these women in raising the general standard of health in the community.

WELFARE OF THE BLIND.

The welfare of the blind in the County remains the responsibility of the Isle of Ely Society for the Blind, to whom the Council has delegated its powers. From the Annual Report of the Society it appears there are 96 blind persons on the register, of whom 71 are unemployable and living at home, and 10 are employed. Of the remainder a few are receiving training and others are in various institutions. Other details regarding the work of the Society will be found in the Annual Report, which is published separately.

OPHTHALMIA NEONATORUM.

The following table gives particulars of cases of ophthalmia neonatorum notified during 1936.

Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At home	In hospital				
5	4	1	5	—	—	—

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1936.

The following table shows the new cases of the disease notified during 1936 and the mortality at different age periods:—

Age Periods			New Cases				Deaths			
			Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
			M	F	M	F	M	F	M	F
0-	..	..	..	..	..	..	..	..	..	..
1-	..	..	..	..	2	5	1	1	1	4
5-	..	..	1	1	8	6	..	..	1	..
10-	..	..	1	2	5	1				
15-	..	..	4	2	..	8				
20-	..	..	4	5	3	3	4	4	1	..
25-	..	..	11	11	2	2	4	3	1	1
35-	..	..	12	8	1	..	3	1	2	..
45-	..	..	6	5	2	..	2	2	..	1
55-	..	..	4	1	1	1	4	1	..	..
65 and upwards	..	..	..	..	..	1	..	2	..	..
Totals ..	..	..	43	35	24	27	18	14	6	6

The Clinical Tuberculosis Officer, Dr. W. D. T. Brunyate, reports as follows:—

“The three County Tuberculosis Dispensaries have been carried on during the year, one session each week being held in each of the three centres, March, Wisbech and Ely. The attendances have been as follows:—

Wisbech	...	145	patients	made	321	attendances
March	...	135	„	„	278	„
Ely	...	94	„	„	185	„

A total of 374 patients making 784 attendances. With only three dispensaries to serve the whole of the County it is inevitable that many patients must travel a considerable distance to reach a dispensary and this naturally keeps the number of attendances low. There can be little doubt, for instance, that our patients in Whittlesey would attend with much greater frequency if a dispensary were held in that town. To a limited extent this defect of the service can be remedied by home visits paid by the T.O. These have, this year, reached a total of 186, the highest in any year since 1929.

On pages 46 and 47 of this Report is printed a summary of the statistics of the Dispensary Service for the last eight years. This reveals a definite increase of most of the figures in 1936. The increases, however, in most instances, are small, and it may be hoped that they do not indicate a true increase of incidence of tuberculosis in the County. They certainly lend no colour to any suggestion that the incidence is declining.

Special reference was made last year to the question of X-ray examinations. The number of these in 1936 was 86—an increase of 78 per cent. over the number for 1935. I never arrange for an X-ray examination unless I am satisfied that to omit it might be prejudicial to the welfare of the patient, but where I am so satisfied I feel that the examination must be undertaken. Practitioners are becoming increasingly aware of the value of such examinations and a number of patients are sent to the dispensaries expressly for this purpose. It is an unfortunate result of the small size of the County that it would not be economic for us to possess an X-ray plant of our own. If in the future the County possesses a Public General Hospital, under the Public Health Committee, it may be hoped that an X-ray plant will become available for use by the Tuberculosis Officer.

The total number of consultations between practitioners and the Clinical Tuberculosis Officer was 175—the highest ever recorded. I think this may be regarded as satisfactory evidence that the service is valued by practitioners in the area and that it satisfies a real need.

During the year 53 patients were sent to Sanatorium or to Hospital, making, with 38 patients already in Institutions on January 1st, a total of 91 institutional cases. These patients spent a total of

15,771 in-patient days. As reported by the County Medical Officer last year, we are handicapped by having no provision, near at hand, for the accommodation of advanced cases, nor for doubtful cases requiring observation. On the other hand, the fact that the County has no Sanatorium of its own gives our patients the great advantage that each case can be considered on its merits and a vacancy secured in the most appropriate institution available.

Many patients discharged after residential treatment are still unfit for work. Where the financial resources of such patients, and of other tuberculous patients treated at home, are such as to prevent their purchasing adequate and suitably nourishing food the County Council arranges to provide extra nourishment in the form of milk and eggs. Where the family is in receipt of Public Assistance, overlapping is avoided by the additional assistance coming also from that source. In other cases, which are not very numerous, it is provided by the Public Health Committee. The number of cases thus supplied by the latter Committee in 1936 was 12 and the cost was £85 15s. 2d."

Tuberculosis Dispensary Service.

	1929	1930	1931	1932	1933	1934	1935	1936
New cases referred by practitioners—								
Tuberculous...	47	53	53	44	44	37	51	61
Doubtful ...	31	28	11	4	6	7	10	5
Non-Tuberculous ...	48	84	72	80	86	95	43	75
Total...	126	165	136	128	136	139	104	141
Contacts of known tuberculous patients seen for the first time during the year—								
Tuberculous...	2	2	3	—	1	4	—	1
Doubtful ...	12	4	2	1	2	—	3	2
Non-Tuberculous ...	28	40	42	39	55	53	30	68
Total...	42	46	47	40	58	57	33	71
Patients on the Register at the end of the year:								
Who have at some time had tubercle bacilli in their sputum ...	—	—	62	62	71	71	76	82
Tuberculous (including the last mentioned patients) ...	286	224	229	228	227	220	237	262
Doubtful ...	11	6	13	5	8	7	13	7
Deaths during the year of patients on the Register ...	29	26	24	29	23	25	30	28
Attendances of patients at the Dispensaries	986	759	724	724	710	825	647	784
Visits by Tuberculosis Officer to homes of patients ...	75	96	103	116	128	108	141	186
Total examinations of patients by Tuberculosis Officer	1,061	855	827	840	838	933	788	970

	1929	1930	1931	1932	1933	1934	1935	1936
Personal consultations between practitioners and Tuberculosis Officer			16	30	36	35	32	50
Other consultations between practitioners and Tuberculosis Officer	66	107	85	87	98	81	95	125
Sputum Tests	87	89	88	108	87	69	95	120
X-ray Examinations	—	12	27	29	30	48	48	86
Number of patients who received Sanatorium treatment during the year... ..	69	90	82	79	72	67	80	91
Number of days spent in Sanatorium by these patients	8,700	10,354	11,553	12,053	10,997	10,354	10,973	15,771
Average Stay	126	115	149	153	153	155	137	173
Visits by Health Visitors for Dispensary purposes	302	512	604	629	565	596	599	819
Tuberculous Patients, including those not under the care of the Tuberculosis Dispensary Service.								
Primary Notifications during the year ...	120	117	84	62	73	94	97	129
Number of patients remaining on the Tuberculosis Registers of the District Medical Officers of Health at the end of the year	774	498	518	496	495	560	593	654

TUBERCULOSIS.

Details of the Notifications received during the year 1936 under the Public Health (Tuberculosis) Regulations, 1912.

Previous years also given for comparison.

		NOTIFICATIONS ON FORM A.											Total Notifications on Form A.		
		Number of Primary Notifications													
		Age Periods										Total Primary Notifications			
		0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65			65 and upwards	
Pulmonary: Males in 1927		..	1	3	..	4	3	7	4	4	5	..	31	31	
“	“ in 1928	..	1	1	2	3	5	7	5	4	2	..	30	30	
“	“ in 1929	..	2	..	5	2	5	4	10	6	5	3	..	42	42
“	“ in 1930	..	..	1	3	1	4	3	5	6	8	6	4	41	41
“	“ in 1931	..	..	..	2	..	3	6	3	5	3	2	..	24	25
“	“ in 1932	..	..	..	1	1	..	3	7	7	1	1	..	21	21
“	“ in 1933	..	..	..	1	2	..	2	6	3	2	..	1	17	17
“	“ in 1934	..	..	1	1	1	3	6	5	7	1	3	1	29	29
“	“ in 1935	..	..	..	1	4	2	9	6	6	2	..	30	30	
“	“ in 1936	..	..	..	1	1	4	4	11	12	6	4	..	43	43
“	Females in 1927	..	..	..	4	2	6	3	7	2	..	1	..	25	25
“	“ in 1928	..	..	..	5	2	11	5	15	6	..	..	1	45	46
“	“ in 1929	..	..	..	..	4	4	8	10	15	5	2	..	48	48
“	“ in 1930	..	..	1	1	3	10	3	3	5	1	2	1	30	30
“	“ in 1931	..	..	..	..	..	6	6	6	5	3	2	1	29	29
“	“ in 1932	..	..	..	1	1	1	6	..	4	2	..	..	15	15
“	“ in 1933	..	1	..	2	1	2	7	4	3	2	1	..	23	23
“	“ in 1934	..	..	..	..	2	3	5	3	3	5	..	1	22	22
“	“ in 1935	..	..	..	..	..	2	3	3	4	1	2	2	17	17
“	“ in 1936	..	..	..	1	2	2	5	11	8	5	1	..	35	35
Non-Pulmonary: Males in 1927		..	1	2	1	1	..	1	1	..	..	..	..	8	8
“	“ in 1928	..	..	5	3	4	..	1	5	1	..	..	..	19	19
“	“ in 1929	..	..	1	7	1	3	..	2	1	1	..	..	16	16
“	“ in 1930	..	2	9	3	1	4	3	4	2	1	..	..	29	29
“	“ in 1931	..	..	4	4	4	1	2	3	1	..	..	..	19	19
“	“ in 1932	..	..	2	1	2	3	2	1	1	..	..	..	12	12
“	“ in 1933	..	2	2	7	5	..	2	1	..	1	..	1	21	21
“	“ in 1934	..	2	3	8	7	2	1	2	..	..	1	..	26	26
“	“ in 1935	..	..	2	6	2	..	2	1	4	1	1	..	19	19
“	“ in 1936	..	..	2	8	5	..	3	2	1	2	1	..	24	24
“	Females in 1927	..	..	1	3	3	2	..	3	3	1	1	..	17	17
“	“ in 1928	..	2	3	3	1	3	1	3	1	..	..	1	18	18
“	“ in 1929	..	..	2	3	1	2	1	2	1	1	..	..	14	14
“	“ in 1930	..	1	4	3	4	1	2	1	..	1	..	..	17	17
“	“ in 1931	..	..	1	5	3	..	1	..	1	1	..	..	12	12
“	“ in 1932	..	..	..	1	1	5	3	..	3	1	..	..	14	14
“	“ in 1933	..	..	1	2	2	..	1	3	..	1	2	..	12	12
“	“ in 1934	..	1	3	5	..	..	4	2	..	1	..	1	17	17
“	“ in 1935	..	..	2	4	1	..	3	3	..	..	..	..	13	13
“	“ in 1936	..	..	5	6	1	8	3	2	..	..	1	1	27	27

Infectious Diseases Notified in the Several Districts
for the Year ending 1936.

[illegible]

VENEREAL DISEASES.

The following table shows the details of Isle of Ely cases treated for venereal disease from 1919 to 1936 at the clinics at Cambridge, Kings Lynn and Peterborough:—

Year	Total New Cases attending for Consultation	New cases of				Total Out-Patient Attendances	Total In-Patient Days
		Syphilis	Soft Chancre	Gonorrhoea	Non-venereal Conditions		
1919	35	12	..	16	7	..	104
1920	48	26	..	16	6	416	197
1921	41	17	..	23	1	341	155
1922	26	7	..	10	9	265	145
1923	29	10	1	16	2	288	386
1924	19	9	..	7	3	280	260
1925	40	12	..	21	7	293	270
1926	12	3	..	8	1	278	2
1927	21	4	..	14	3	244	89
1928	47	20	1	21	5	564	168
1929	56	15	..	32	9	827	68
1930	53	13	1	31	8	603	58
1931	40	7	..	30	3	797	19
1932	52	11	1	31	9	629	266
1933	71	17	1	29	24	843	141
1934	84	22	..	34	28	1475	269
1935	102	28	1	45	28	2770	279
1936	83	10	..	37	36	1502	228

Of the total cases attending the clinic at Cambridge (including cases from areas other than the Isle of Ely) 19% ceased treatment before their cure was completed. This is a similar percentage to that of the previous year.

Of those attending at Peterborough (again including cases from areas other than the Isle of Ely) 12% ceased treatment before their cure was completed, as against 16% in 1935.

Of those attending at Kings Lynn (again including cases from areas other than the Isle of Ely) 7% ceased attendance before completion of treatment, as against 11% in 1935.

EXTRACTS FROM THE DISTRICT REPORTS.

I.—URBAN.

CHATTERIS URBAN DISTRICT.

Area 13,719 acres.

1936 Statistics:—Birth-rate, 16·11. Death-rate, 11·78 (uncorrected). Death-rate (corrected), 10·01. Infantile Mortality-rate, 60·9. Illegitimacy-rate, 60·9.

Estimated mid-year (1936) population 5,090

The Medical Officer reports that throughout the year the water supply has been generally satisfactory except, as in former years, during hot weather, when the pressure in the trunk mains is insufficient during the greater part of the day to reach ground level taps in the southern half of the town. The unsanitary conditions arising therefrom yearly are sufficiently grave to necessitate taking steps to effectively prevent a recurrence.

ELY URBAN DISTRICT.

Area 14,764 acres.

1936 Statistics:—Birth-rate, 16·44. Death-rate, 13·9 (uncorrected). Death-rate (corrected), 11·67. Infantile Mortality-rate, 95·58 per 1,000 births. Illegitimacy-rate, 51·47.

Estimated mid-year (1936) population 8,270

The new sewerage scheme is in course of preparation for submission to the Ministry of Health. In view of this scheme no minor improvements have been made during the past year. The urgency of this sewerage and sewage disposal scheme must be apparent to all and it will be a matter of distinct personal relief to know that the scheme is likely to materialise in the very near future.

The new Swimming Pool was opened during the year and was greatly appreciated, 14,786 attendances being recorded.

Insufficient attention is paid to the cleanliness of cows. In a few cases the cow sheds were not cleaned out properly and too much manure was allowed to accumulate in the yards. In some cases the sheds were in a far from satisfactory condition, the cows being in a filthy condition as well.

MARCH URBAN DISTRICT.

Area 19,777 acres.

1936 Statistics:—Birth-rate, 16·7. Death-rate, 10·98 (uncorrected). Death-rate (corrected), 10·21. Infantile Mortality-rate, 63·73 per 1,000 births. Illegitimacy-rate, 39·22.

Estimated mid-year (1936) population 12,200

The Medical Officer comments on the improved social conditions. The most important step was, in his opinion, the erection of small bungalows which are now let to poor people at a low rent. The change must be a real boon to the tenants, many of whom had been living in wooden structures with neither comfort nor convenience.

WHITTLESEY URBAN DISTRICT.

Area 23,362 acres.

1936 Statistics:—Birth-rate, 20·02. Death-rate, 10·44 (uncorrected). Death-rate (corrected), 9·29. Infantile Mortality-rate, 24·53 per 1,000 births. Illegitimacy-rate, 42·94.

Estimated mid-year (1936) population 8,140

Work in connection with the sewerage scheme was commenced early in the year, although the very wet weather necessarily caused delay.

WISBECH MUNICIPAL BOROUGH.

Area 4,666 acres.

1936 Statistics:—Birth-rate, 15·6. Death-rate 13·05 (uncorrected). Death-rate (corrected), 10·96. Infantile Mortality-rate, 53·06 per 1,000 births. Illegitimacy-rate, 77·55.

Estimated mid-year (1936) population 15,700

During the year 354 cases of infectious disease were admitted to the Isolation Hospital. The Medical Officer draws attention to the urgent need for a modern isolation hospital in place of the present old building.

The Sanitary Inspector points out that the number of vermin infested houses in the Borough does not predominate and the tendency of the day is for the occupiers of such premises to disclose the fact rather than hide it as has been the practice in the past. The number of these disclosures is ever increasing and it is a sign of the times that, with better housing and improved sanitary conditions, the people living in these infected houses are realising the need for drastic action. The chief source of spread of infestation lies in the buying of second-hand bedding, &c., from infested houses, and it should be compulsory for all second-hand bedding and clothing to be passed through a steam disinfector before resale. The right line was certainly taken by the Council in fumigating all the effects from the houses in the clearance areas during removal to new Council houses.

II.—RURAL.

ELY RURAL DISTRICT.

Area 65,999 acres.

1936 Statistics :—Birth-rate, 14·89. Death-rate, 14·05 (uncorrected). Death-rate (corrected), 11·66. Infantile Mortality-rate, 55·83 per 1,000 births. Illegitimacy-rate,

Estimated mid-year (1936) population 13,230

The Medical Officer Reports that 56 dwellings were erected by the Council during the year. Substantial progress has been made with schemes for re-housing persons to be displaced from insanitary dwellings.

NORTH WITCHFORD RURAL DISTRICT.

Area 26,088 acres.

1936 Statistics:—Birth-rate, 13·28. Death-rate, 14·47 (uncorrected). Death-rate (corrected), 13·02. Infantile Mortality-rate, 74·62 per 1,000 births. Illegitimacy-rate, 44·77.

Estimated mid-year (1936) population 5,044

No particular points call for special attention.

THORNEY RURAL DISTRICT.

Area 21,796 acres.

1936 Statistics :—Birth-rate, 17·94. Death-rate, 7·44 (uncorrected). Death-rate (corrected), 8·33. Infantile Mortality-rate, 24·39. Illegitimacy-rate, 24·39.

Estimated mid-year (1936) population 2,286

The Medical Officer comments on the present system of filtration of the water supply. He also draws attention that North Side and French Drove areas are without satisfactory water supplies.

WISBECH RURAL DISTRICT.

Area 49,798 acres.

1936 Statistics:—Birth-rate, 16·35. Death-rate 10·6 (uncorrected). Death-rate (corrected), 10·35. Infantile Mortality-rate, 57·3 per 1,000 births. Illegitimacy-rate, 72·91.

Estimated mid-year (1936) population 11,740

The Medical Officer expresses the hope that the Marham supply will be extended to the whole of the Rural District. He also comments on the unsuitability of the present Isolation Hospital serving the area.

INDEX.

	PAGE
Blind Persons Welfare	42
Cancer	18
Children's Act	29
Death, Causes of	20
District Reports—Urban	51
„ „ —Rural	53
Financial Statement	11
Food, Inspection and Supervision of	36
General Provision of Health Services in the Area.. .. .	24
Health Visitors	6
Infantile Mortality	15
Infectious Diseases	49
„ „ Prevalence of, and Control over	40
Institutional Medical Services	24
Local Sanitary Authorities	8
Maternity and Child Welfare	40
Maternity and Nursing Homes	29
Medical Benefit, Administration of	30
Mental Defectives, Institutional provision for care of	26
Midwives	27
Ophthalmia Neonatorum	43
Orthopaedic Treatment	29
Sanitary Circumstances of the Area.. .. .	33
Schools	35
Sewerage	34
Staff	6
Statistics, General	12
„ Vital	13
Tuberculosis	43
Tuberculosis, Dispensaries, work at	46
Vaccination	31
Venereal Diseases	50
Water Supply	33